

Lake Tapps Volleyball Club

Waiver and Release of Liability Form

LIABILITY RELEASE:

We _____ acknowledge there is an inherent risk of serious injury and potential death associated with vigorous exercise, competitive play, related physical training activities and the use of sporting equipment. With full understanding of the potential risks, I hereby assume the risks of participation, in whatever capacity, in any and all Lake Tapps Volleyball Club sponsored events.

By my signature below, I give my daughter _____ permission to participate in the Lake Tapps Volleyball Club & Tryouts. By my signature, I also certify that I am the legal parent and/or guardian of my daughter. I also understand that by my signature, I agree to waive, hold harmless, and release **THE FIVE12 COURTS** or any facility in which we are practicing or competing, LTVBC, the LTVBC representatives and coaches from all demands, claims, actions, and damages arising out of any incident occurring during participating.

Parent/Guardian Signature

Date

MEDICAL RELEASE:

I hereby authorize and give my consent to the LTVBC, staff, coaches or any licensed physician to perform upon or administer to:

Name of Participant: _____

Insurance Co: _____ Policy #: _____

Emergency Contact (relation): _____

Phone Number of Emergency Contact: _____

Additional Phone Number: _____

Players will not be admitted to participant in tryouts or any club activities without a completed, signed and submitted form.

